

POSITION DESCRIPTION *(Please Read Instructions on the Back)*

2. Reason for Submission <input type="checkbox"/> Redescription <input checked="" type="checkbox"/> New <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other Explanation <i>(Show any positions replaced)</i> Standard MWR NAF PD								1. Agency Position No.	
								6. OPM Certification No.	
3. Service				4. Employing Office Location		5. Duty Station		8. Financial Statements Required <input type="checkbox"/> Executive Personnel Financial Disclosure <input type="checkbox"/> Employment and Financial Interest	
7. Fair Labor Standards Act <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Nonexempt				11. Position Is <input type="checkbox"/> Supervisory <input checked="" type="checkbox"/> Managerial <input checked="" type="checkbox"/> Neither		12. Sensitivity <input checked="" type="checkbox"/> 1--Non-Sensitive <input type="checkbox"/> 3--Critical <input type="checkbox"/> 2--Noncritical Sensitive <input type="checkbox"/> 4--Special Sensitive		9. Subject to IA Action <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Position Status <input type="checkbox"/> Competitive <input type="checkbox"/> Excepted <i>(Specify in Remarks)</i> <input type="checkbox"/> SES (Gen.) <input type="checkbox"/> SES (CR)				13. Competitive Level Code		14. Agency Use NAF			
15. Classified/Graded by		Official Title of Position		Pay Plan	Occupational Code	Grade	Initials	Date	
a. Office of Personnel Management									
b. Department, Agency or Establishment									
c. Second Level Review		Customer Service Clerk		NF	2091	01	SW	12-31-01	
d. First Level Review									
e. Recommended by Supervisor or Initiating Office									
16. Organizational Title of Position (if different from official title)				17. Name of Employee (if vacant, specify)					
18. Department, Agency, or Establishment				c. Third Subdivision					
a. First Subdivision				d. Fourth Subdivision					
b. Second Subdivision				e. Fifth Subdivision					
19. Employee Review- This is an accurate description of the major duties and responsibilities of my position.				Signature of Employee <i>(optional)</i>					
20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. <u>This certification is made with the knowledge that</u>				this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.					
a. Typed Name and Title of Immediate Supervisor				b. Typed Name and Title of Higher-Level Supervisor or Manager <i>(optional)</i>					
Signature _____				Date _____		Signature _____			
Date _____				Date _____		Date _____			
21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.				22. Position Classification Standards Used in Classifying/Grading Position OPM PCS for Sales, Store and Clerical Series GS-2091 TS-46 Jun 63					
Typed Name and Title of Official Taking Action S. J. NEW Principal Classifier				Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.					
Signature _____				Date _____					
12-31-01									
23. Position Review		Initials	Date	Initials	Date	Initials	Date	Initials	Date
a. Employee <i>(optional)</i>									
b. Supervisor									
c. Classifier									
24. Remarks									
25. Description of Major Duties and Responsibilities (See Attached)									

NONAPPROPRIATED FUND POSITION DESCRIPTION JOB TITLE: Customer Service Clerk **POSITION NUMBER** 01-0106 **JOB SERIES:** 2091 **PAY LEVEL:** NF-1 **Summary of Duties:**

Performs a full range of services such as: assisting customers, taking special orders, providing layaway services, following up on delinquent payments, making refunds or adjustments, resolving routine complaints, and any other customer service related duties or transactions. May operate cash register, receive payment, and make change.

Assists in the maintenance of pertinent records and logs relating to the customer service transactions.

Performs other related duties as assigned.

Minimum Qualifications:

Must have basic knowledge of business mathematics, with experience or training in cash handling, operating cash register, and adding machine. Must be able to become familiar with and have understanding of MWR policies, orders and regulations. Six months of experience or training in special order operations, with technical knowledge of services and merchandise availability is desired.